



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2016**  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

|  |                    |   |   |                    |                       |
|--|--------------------|---|---|--------------------|-----------------------|
| 1. Entity ID Number<br><b>00143105</b>   |                    | 2. Exact name of the Corporation<br><b>HIGHWAY DRIVER LEASING CORP</b>  |   |                    |                       |
| 3. Principal Office Address<br><b>1212 HANCOCK STREET #320</b>   |                    |   | City<br><b>QUINCY</b>                             | State<br><b>MA</b> | Zip<br><b>02169</b>   |
| 4. Business Phone Number<br><b>617-471-7778</b>  |                    |   | 5. State of Incorporation<br><b>MASSACHUSETTS</b> |                    |                       |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>EMPLOYEE LEASING</b>   |                    |   |   |                    |                       |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |   |   |                    |                       |
| President Name<br><b>LINDA GREENBERG</b>   |                    |   | Vice-President Name<br><b>LINDA GREENBERG</b>     |                    |                       |
| Street Address<br><b>221 COLUMBUS AVE.</b>   |                    |   | Street Address<br><b>221 COLUMBUS AVE.</b>        |                    |                       |
| City<br><b>BOSTON</b>  | State<br><b>MA</b> | Zip<br><b>02116</b>   | City<br><b>BOSTON</b>                             | State<br><b>MA</b> | Zip<br><b>02116</b>   |
| Secretary Name   |                    |   | Treasurer Name                                    |                    |                       |
| Street Address   |                    |   | Street Address                                    |                    |                       |
| City   | State              | Zip   | City  | State              | Zip                   |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |   |   |                    |                       |
| Director Name<br><b>LINDA GREENBERG</b>  |                    |   | Director Name                                     |                    |                       |
| Street Address<br><b>221 COLUMBUS AVE.</b>   |                    |   | Street Address                                    |                    |                       |
| City<br><b>BOSTON</b>  | State<br><b>MA</b> | Zip<br><b>02116</b>   | City  | State              | Zip                   |
| 9. Shares Authorized   |                    | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |   |                    |                       |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |                    | NUMBER OF SHARES  |   | CLASS/SERIES       | PAR VALUE             |
|  |                    | <b>100</b>  |   | <b>CNP</b>         | <b>0</b>              |
| 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.<br><b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b> |                    |   |   |                    |                       |
| Name of Authorized Representative<br><b>Linda Greenberg</b>  |                    |   |   |                    | Date<br><b>7/6/16</b> |
| Signature of Authorized Representative<br><i>Linda Greenberg</i> SIGN DOCUMENT HERE  |                    |   |   |                    |                       |

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**

JUL 11 2016

BY KL 7184